

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031759

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 154

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Colo.</b> b. COUNTY <b>Adams</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hudson Township</b>		c. CITY OR TOWN <b>Denver</b>	
Length of stay in 1b <b>Minutes</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 36 E.</b>		d. STREET ADDRESS (If outside, give location) <b>2634 S. Josephene</b>	
Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First <b>Francis</b> Middle <b>Henry</b> Last <b>Nittler</b>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 31, 1927</b>
9. AGE (last birthday) <b>35</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
11. BIRTHPLACE (City and state or country) <b>Schukley, Neb.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frank P. Nittler</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Shaeffer</b>	
14. NAME OF HUSBAND OR WIFE <b>No.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes U.S. Army</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>15 Roger J. Nittler</b>	
Address <b>Denver, Colo.</b>		18. INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures - femoral</b> DUE TO (b) <b>injuries - shock and multiple lacerations</b> DUE TO (c) <b>—</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Auto Collision</b>	
20c. TIME OF INJURY Hour <b>8:00</b> a.m. <b>Aug. 31, 1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 36</b>	20f. CITY, TOWN, OR LOCATION <b>Hudson Township</b>		
COUNTY <b>Macon</b>		STATE <b>Mo.</b>	
21. I attended the deceased from <b>9:00</b> to <b>9:00</b> and last saw him alive on <b>Aug.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert M. Mullen</b>		22b. ADDRESS <b>Macon</b>	
(Degree or title)		22c. DATE SIGNED <b>9/4/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 4, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cem.</b>	
23d. LOCATION (City, town, or county) <b>Geneva, Neb.</b>		(State)	
24. FUNERAL DIRECTOR <b>Lester Hutton</b>		25. DATE RECD. BY LOCAL REG. <b>9-4-62</b>	
ADDRESS <b>Macon, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Cuth McNeely</b>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1962

SEP 26 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.